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Premenstrual dysphoric disorder

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Illustrations



Depression and the menstrual cycle

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PMDD

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Premenstrual dysphoric disorder (PMDD) is a condition marked by severe depression, irritability, and tension before menstruation. These symptoms are more severe than those seen with [premenstrual syndrome \(PMS\)](#).

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The causes of PMS and PMDD have not been identified, although social, cultural, biological, and psychological factors all appear to be involved. Researchers estimate that PMDD affects between 3% and 8% of women in their reproductive years.

Major depression is very common with PMDD, although PMDD can occur in women who do NOT have a history of major depression.

Studies have found that women who have seasonal affective disorder (SAD), a form of depression characterized by annual episodes of depression during fall or winter that improve in the spring or summer, are likely to also have PMDD.

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The symptoms of PMDD are similar to those of PMS, but they are generally more severe and debilitating. Symptoms occur during the last week of most menstrual cycles and usually improve within a few days after the period starts.

Five or more of the following symptoms must be present:

- Feeling of sadness or hopelessness, possible suicidal thoughts
- Feelings of tension or anxiety
- Panic attacks
- Mood swings marked by periods of teariness
- Persistent irritability or anger that affects other people
- Disinterest in daily activities and relationships
- Trouble concentrating
- Fatigue or low energy
- Food cravings or binge eating
- Sleep disturbances
- Feeling out of control
- Physical symptoms, such as bloating, breast tenderness, headaches, and joint or muscle pain

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There are no physical examination findings or lab tests specific to the diagnosis of PMDD. A complete history, physical examination (including a pelvic exam), and psychiatric evaluation should be conducted to rule out other potential conditions.

Keeping a calendar or diary of symptoms can help women identify the most troublesome symptoms and the times they are likely to occur. This information may help the health care provider diagnose PMDD and determine the appropriate treatment.

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Women with PMDD may be helped by the following:

- Regular exercise 3-5 times per week
- Adequate rest
- A balanced diet (with increased whole grains, vegetables, fruit, and decreased or no salt, sugar, alcohol, and caffeine)

In addition, it is important to keep a diary or calendar to record the type, severity, and duration of symptoms.

Selective serotonin-reuptake inhibitors (SSRIs) are antidepressant drugs that can treat PMDD. SSRIs include fluoxetine (Prozac, Sarafem), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), and citalopram (Celexa).

SSRIs can relieve physical symptoms, irritability, and tension. In fact, SSRIs appear to relieve PMS-related depression much faster than major depression. Women with PMDD, but without major depression, need only take

SSRIs during the 14-day premenstrual period. This approach, called intermittent treatment, causes fewer side effects than when SSRIs are used to treat major depression.

Nutritional supplements -- such as Vitamin B-6, calcium, and magnesium -- may be recommended. Pain relievers such as aspirin or ibuprofen may be prescribed for headache, backache, menstrual cramping and breast tenderness. Diuretics may be useful for women who experience significant weight gain due to fluid retention.

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After proper diagnosis and treatment, most women with PMDD find that their symptoms go away or drop to tolerable levels.

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PMDD symptoms may become severe enough that they interfere with a woman's daily life. Women with depression may have worse symptoms during the second half of their cycle and may require medication adjustments.

As many as 10% of women who report PMS symptoms, particularly those with PMDD, have had suicidal thoughts. The incidence of suicide in women with depression is significantly higher during the latter half of the menstrual cycle.

PMDD may be associated with eating disorders and smoking.

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Call 911 immediately if you are having suicidal thoughts.

Call for an appointment with your health care provider if:

- PMS symptoms do not improve with self-treatment
- PMS symptoms are interfering with your daily life

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Updated by: Peter Chen, M.D., Department of Obstetrics & Gynecology, University of Pennsylvania Medical Center, Philadelphia, PA. Review provided by VeriMed Healthcare Network.



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